



OSTEOPATHIC MEDICAL BOARD OF CALIFORNIA  
2720 GATEWAY OAKS DRIVE, SUITE 350  
SACRAMENTO, CA 95833-4304  
TELEPHONE: (916) 263-3100  
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December 29, 2006

Po-Long Lew, D.O.  
9308 East Valley Blvd.  
Rosemead, CA 91770

Re: Case No. 00 2001 1036  
Completion of Probation  
License No. 20A5380

Dear Dr. Lew:

The Osteopathic Medical Board of California wishes to inform you that your probation was terminated effective December 19, 2006, as you have successfully completed all terms and conditions of your probation. Your license to practice osteopathic medicine is now clear and unrestricted.

If anyone should ask if there ever has been any action taken, we are required to tell that there was a past disciplinary period, which you successfully completed. This information will also be found on our website license verification.

If you have any questions, please feel free to contact me at (916) 263-3100.

Sincerely,

  
DONALD J. KRPAN, D.O.  
EXECUTIVE DIRECTOR

DJK:ab

cc: Federation of State Medical Boards, Inc.

1 BILL LOCKYER, Attorney General  
of the State of California  
2 RICHARD D. MARINO, State Bar No. 90471  
Deputy Attorney General  
3 California Department of Justice  
300 South Spring Street, Suite 1702  
4 Los Angeles, California 90013  
Telephone: (213) 897-8644  
5 Facsimile: (213) 897-1071  
6 Attorneys for Complainant  
7

8 **BEFORE THE**  
**OSTEOPATHIC MEDICAL BOARD OF CALIFORNIA**  
9 **STATE OF CALIFORNIA**  
10

11 In the Matter of the Accusation Against:

12 PO LONG LEW, D.O.  
9308 Valley Boulevard  
13 Rosemead, Ca. 91770

14 Osteopathic Physician and Surgeon's License  
No. 20A5380  
15

Respondent.  
16

Case No. 99-14

OAH No. L-2001040342

**STIPULATED SETTLEMENT AND  
DISCIPLINARY ORDER**

17  
18 In the interest of a prompt and speedy settlement of this matter, consistent with  
19 the public interest and the responsibility of the Osteopathic Medical Board of California, the  
20 parties hereby agree to the following Stipulated Settlement and Disciplinary Order which will be  
21 submitted to the Board for approval and adoption as the final disposition of the Accusation and  
22 First Supplemental Accusation, in case number 99-14.

23 **PARTIES**

24 1. Linda J. Bergmann (Complainant) is the Executive Director of the  
25 Osteopathic Medical Board of California (Board). She brought this action solely in her official  
26 capacity and is represented in this matter by Bill Lockyer, Attorney General of the State of  
27 California, by Richard D. Marino, Deputy Attorney General.

28 2. Respondent Po Long Lew (Respondent) is represented in this proceeding

1 by Daron L. Toooh, Esq., whose address is Hooper, Lundy & Bookman, Inc., 1875 Century Park  
2 East, Suite 1600, Los Angeles, California 90067-2799.

3 3. On or about July 1, 1987, the Board issued Osteopathic Physician and  
4 Surgeon's License No. 20A5380 to Respondent. The license was in full force and effect at all  
5 times relevant to the charges brought in the Accusation and First Supplemental Accusation, in  
6 case number 99-14, and will expire on November 30, 2001, unless renewed.

#### 7 JURISDICTION

8 4. Accusation and First Supplemental Accusation, in case number 99-14,  
9 were filed before the Board, and are currently pending against Respondent. The Accusation,  
10 together with all other statutorily required documents were properly served on Respondent on  
11 October 6, 1999, and Respondent timely filed his Notice of Defense contesting the Accusation.  
12 The First Supplemental Accusation was properly served on Respondent on March 21, 2001. A  
13 copy of Accusation and First Supplemental Accusation, in case number 99-14, is hereto attached,  
14 marked Exhibit 1, and, by this reference, incorporated herein as though fully set forth.

#### 15 ADVISEMENT AND WAIVERS

16 5. Respondent has carefully read, fully discussed with counsel, and  
17 understands the charges and allegations in the Accusation and First Supplemental Accusation, in  
18 case number 99-14. Respondent has also carefully read, fully discussed with counsel, and  
19 understands the effects of this Stipulated Settlement and Disciplinary Order.

20 6. Respondent is fully aware of his legal rights in this matter, including the  
21 right to a hearing on the charges and allegations in the Accusation and First Supplemental  
22 Accusation; the right to be represented by counsel at his own expense; the right to confront and  
23 cross-examine the witnesses against him; the right to present evidence and to testify on his own  
24 behalf; the right to the issuance of subpoenas to compel the attendance of witnesses and the  
25 production of documents; the right to reconsideration and court review of an adverse decision;  
26 and all other rights accorded by the California Administrative Procedure Act and other applicable  
27 laws.

28 7. Respondent voluntarily, knowingly, and intelligently waives and gives up

1 each and every right set forth above.

2 **CULPABILITY**

3 8. For the purpose of resolving the Accusation without the expense and  
4 uncertainty of further proceedings, Respondent agrees that, at a hearing, Complainant could  
5 establish a factual basis for the charges in the Accusation, and that Respondent hereby gives up  
6 his right to contest those charges.

7 9. Respondent agrees that his Osteopathic Physician and Surgeon's License is  
8 subject to discipline and he agrees to be bound by the Board's imposition of discipline as set  
9 forth in the Disciplinary Order below.

10 **RESERVATION**

11 10. The admissions made by Respondent herein are only for the purposes of  
12 this proceeding, or any other proceedings in which the Osteopathic Medical Board of California  
13 or other professional licensing agency is involved, and shall not be admissible in any other  
14 criminal or civil proceeding.

15 **CONTINGENCY**

16 11. This stipulation shall be subject to approval by the Board. Respondent  
17 understands and agrees that the Osteopathic Medical Board of California's staff and counsel for  
18 Complainant may communicate directly with the Board regarding this stipulation and settlement,  
19 without notice to or participation by Respondent or his counsel. By signing the stipulation,  
20 Respondent understands and agrees that he may not withdraw his agreement or seek to rescind  
21 the stipulation prior to the time the Board considers and acts upon it. If the Board fails to adopt  
22 this stipulation as its Decision and Order, the Stipulated Settlement and Disciplinary Order shall  
23 be of no force or effect, except for this paragraph, it shall be inadmissible in any legal action  
24 between the parties, and the Board shall not be disqualified from further action by having  
25 considered this matter.

26 12. The parties understand and agree that facsimile copies of this Stipulated  
27 Settlement and Disciplinary Order, including facsimile signatures thereto, shall have the same  
28 force and effect as the originals.

13. In consideration of the foregoing admissions and stipulations, the parties agree that the Board may, without further notice or formal proceeding, issue and enter the following Disciplinary Order:

**DISCIPLINARY ORDER**

**IT IS HEREBY ORDERED** that Osteopathic Physician and Surgeon's License No. 20A5380 issued to Respondent Po Long Lew is revoked. However, the revocation is stayed and Respondent is placed on probation for five (5) years on the following terms and conditions.

1. **Physician Assessment and Clinical Education Program** Within 90 days from the effective date of this decision, the Respondent, at his expense, shall enroll in the Physician Assessment and Clinical Education Program at the University of California, San Diego School of Medicine (hereinafter, the "PACE Program") and shall undergo assessment, clinical training and examination. First, the Respondent shall undergo the comprehensive assessment program including the measurement of medical skills and knowledge, the appraisal of physical health and psychological testing. After assessment, the PACE Evaluation Committee will review all results and make a recommendation to the Division or its designee, the Respondent and other authorized personnel as to what clinical training is required, including scope and length, treatment of any medical or psychological condition, and any other factors affecting the Respondent's practice of medicine. The Respondent shall undertake whatever clinical training and treatment of any medical or psychological condition as may be recommended by the PACE Program.

Finally, at the completion of the PACE Program, the Respondent shall submit to an examination on its contents and substance. The examination shall be designed and administered by the PACE faculty. Respondent shall not be deemed to have successfully completed the program unless he/she passes the examination. Respondent agrees that the determination of the PACE Program faculty as to whether or not he/she has passed the examination and/or successfully completed the PACE Program shall be binding.

Respondent shall complete the PACE Program no later than six (6) months after his/her initial enrollment unless the Division or its designee agrees in writing to a later time for

1 completion.

2 If the Respondent successfully completes the PACE Program, including the  
3 examination referenced above, he agrees to cause the PACE representatives to forward a  
4 Certification of Successful Completion of the program to the Division or its designee.

5 If the Respondent fails to complete the PACE Program successfully within the  
6 time limits outlined above, he shall be suspended from the practice of medicine until such time  
7 that he successfully completes the PACE Program.

8 Failure to participate in, and successfully complete all phases of the PACE  
9 Program, as outlined above, shall constitute a violation of probation.

10 2. **Medical Record Keeping Course.** Within 60 days of the effective date  
11 of this decision, Respondent shall submit to the Board for its prior approval a course in medical  
12 record keeping which Respondent shall successfully complete during the first year of probation.

13 3. **Medical Ethics Course.** Within 60 days of the effective date of this  
14 decision, Respondent shall submit to the Board for its prior approval a course in medical ethics  
15 which Respondent shall successfully complete during the first year of probation.

16 4. **Continuing Medical Education.** Within ninety 90 days of the effective  
17 date of this decision, and on an annual basis thereafter, the Respondent shall submit to the Board  
18 or its designee for its prior approval an educational program or course to be designated by the  
19 Board or its designee which shall be aimed at correcting any areas of deficient practice or  
20 knowledge which shall not be less than 40 hours per year, for each year of probation. This  
21 program shall be in addition to the Continuing Medical Education (CME) requirements for  
22 re-licensure. Following the completion of each course, the Board or its designee may administer  
23 an examination to test the Respondent's knowledge of the course. Respondent shall provide  
24 proof of attendance for 65 hours of continuing medical education of which 40 hours were in  
25 satisfaction of this condition and were approved in advance by the Board or its designee.

26 5. **Supervised Structured Environment.** Within 30 days of the effective  
27 date of this decision, the Respondent shall submit to the Board and receive its prior approval, for  
28 a plan of practice limited to a supervised structured environment in which Respondent's

1 activities will be overseen and supervised by another physician, who shall provide periodic  
2 reports to the Board.

3           6.     **Billing Monitor.** Within 30 days of the effective date of this decision, the  
4 Respondent shall submit to the Board or its designee for its prior approval a plan of practice in  
5 which the Respondent's billing shall be monitored by another physician in the Respondent's field  
6 of practice or shall be done by an approved medical billing company. The billing monitor,  
7 whether another physician in the Respondent's field of practice or an approved medical billing  
8 company, shall provide periodic reports to the Board or its designee.

9           If the billing monitor resigns or is no longer available, the Respondent shall,  
10 within 15 days, move to have a new monitor appointed, through nomination by the Respondent  
11 and approval by the Board or its designee.

12           7.     **Community Services.** Within 60 days of the effective date of this  
13 decision, the Respondent shall submit to the Board for its prior approval a community service  
14 program in which the Respondent shall provide free medical services on a regular basis to a  
15 community or charitable facility or agency for at least 20 hours per month during the fourth,  
16 fifth, sixth, seventh, eighth, and ninth months of probation.

17           8.     **Obey All Laws.** Respondent shall obey all federal, state and local laws,  
18 all rules governing the practice of medicine in California, and remain in full compliance with any  
19 court ordered criminal probation, payments and other orders.

20           9.     **Quarterly Reports.** Respondent shall submit to the Board quarterly  
21 declaration under penalty of perjury on the Quarterly Report of Compliance Form, OMB 10  
22 (5/97), which is hereby incorporated by reference, stating whether there has been compliance  
23 with all the conditions of probation.

24           10.    **Probation Surveillance Program.** Respondent shall comply with the  
25 Board's probation surveillance program. Respondent shall, at all times, keep the Board informed  
26 of his addresses of business and residence which shall both serve as addresses of record.  
27 Changes of such addresses shall be immediately communicated in writing to the Board. Under  
28 no circumstances shall a post office box serve as an address of record.

Respondent shall also immediately inform the Board, in writing, of any travel to any areas outside the jurisdiction of California which lasts, or is contemplated to last, more than thirty (30) days.

11. **Interviews With Medical Consultants.** Respondent shall appear in person for interviews with the Board's medical consultants upon request at various intervals and with reasonable notice.

12. **Cost Recovery.** The Respondent is hereby ordered to reimburse the Board the amount of \$25,000 for its investigative and prosecution costs as follows: \$5,000 during each year of probation with the initial \$5,000 due within 90 days of the effective date of this decision and each subsequent payment of \$5,000 due every 12 months thereafter until the amount is paid in full. Failure to reimburse the Board's cost of its investigation and prosecution shall constitute a violation of the probation order, unless the Board agrees in writing to payment by an installment plan because of financial hardship.

13. **License Surrender.** Following the effective date of this decision, if Respondent ceases practicing due to retirement, health reasons, or is otherwise unable to satisfy the terms and conditions of probation, Respondent may voluntarily tender his certificate to the Board. The Board reserves the right to evaluate the Respondent's request and to exercise its discretion whether to grant the request, or to take any other action deemed appropriate and reasonable under the circumstances. Upon formal acceptance of the tendered license, Respondent will no longer be subject to the terms and conditions of probation.

14. **Tolling for Out-of-State Practice or Residence, or In-State Non-Practice (Inactive License).** In the event Respondent should leave California to reside or to practice outside the State or for any reason should Respondent stop practicing medicine in California, Respondent shall notify the board or its designee in writing within ten days of the dates of departure and return or the dates of non-practice within California. Non-practice is defined as any period of time exceeding thirty days in which Respondent is not engaging in any activities defined in Section 2051 and/or 2052 of the Business and Professions Code. All time spent in an intensive training program approved by the Board or its designee in or out of state



1 shall be considered as time spent in the practice of medicine. Periods of temporary or permanent  
2 residence or practice outside California or of non-practice within California, as defined in this  
3 condition, will not apply to the reduction of the probationary period.

4                   15.     **Probation Violation/Completion of Probation.** If Respondent violates  
5 probation in any respect, the Board may revoke probation and carry out the disciplinary order  
6 that was stayed after giving Respondent notice and the opportunity to be heard. If an Accusation  
7 and/or Petition to revoke is filed against Respondent during probation, the Board shall have  
8 continuing jurisdiction until the matter is final, and the period of probation shall be extended  
9 until the matter is final. Upon successful completion of probation, Respondent's certificate will  
10 be fully restored. Enforcement Administration for cancellation and reapply for a new DEA  
11 permit limited to those Schedules authorized by this order.

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ACCEPTANCE

I have carefully read the above Stipulated Settlement and Disciplinary Order and have fully discussed it with my attorney, Daron L. Toooh, Esq., of Hooper, Lundy & Bookman, Inc. I understand the stipulation and the effect it will have on my Osteopathic Physician and Surgeon's License. I enter into this Stipulated Settlement and Disciplinary Order voluntarily, knowingly, and intelligently, and agree to be bound by the Decision and Order of the Osteopathic Medical Board of California.

DATED: 10/31/01.

*Po Long Lew*  
PO LONG LEW, D.O.  
Respondent

I have read and fully discussed with Respondent Po Long Lew the terms and conditions and other matters contained in the above Stipulated Settlement and Disciplinary Order. I approve its form and content.

DATED: 11/1/01.

*Daron L. Toooh*  
Of DARON L. TOOCH, ESQ.  
HOOPER, LUNDY & BOOKMAN, INC.  
Attorney for Respondent

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**ENDORSEMENT**

The foregoing Stipulated Settlement and Disciplinary Order is hereby respectfully submitted for consideration by the Osteopathic Medical Board of California.

DATED: November 16, 2001.

BILL LOCKYER, Attorney General  
of the State of California

  
RICHARD D. MARINO  
Deputy Attorney General

Attorneys for Complainant

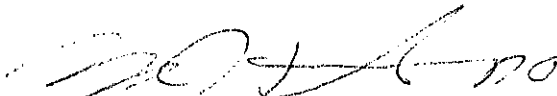
DOJ Docket Number: 03441160-LA2001AD1196  
Stipulation 7/11/01

1  
2 **DECISION AND ORDER OF THE**  
3 **OSTEOPATHIC MEDICAL BOARD OF CALIFORNIA**

4 The foregoing Stipulated Settlement and Disciplinary Order No. 99-14 is  
5 hereby adopted as the Decision and Order of the Osteopathic Medical Board of  
6 California.

7 An effective date of December 19, 2001, has been  
8 assigned to this Decision and Order.

9 Made this 19th day of December, 2001.

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14 MICHAEL J. FEINSTEIN, D.O., PRESIDENT  
15 OSTEOPATHIC MEDICAL BOARD OF CALIFORNIA  
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**Exhibit 1**

**Accusation and First Supplemental Accusation No. 99-14**

1 BILL LOCKYER, Attorney General  
Of the State of California  
2 MICHAEL A. SHEKEY,  
Deputy Attorney General, State Bar No. 14346  
3 300 South Spring Street, Suite 500  
Los Angeles, California 90013  
4 Telephone: (213) 897-2520

5 Attorneys for Complainant  
6  
7

8 **BEFORE THE**  
9 **OSTEOPATHIC MEDICAL**  
10 **BOARD OF CALIFORNIA**

11 In the Matter of the Accusation Against:	)	No. 99-14
12 PO-LONG LEW, D.O.	)	ACCUSATION
13 9308 East Valley Boulevard	)	
13 Rosemead, California 91170	)	
14 Osteopathic physician and	)	
15 Surgeon License No. 20A5380	)	
16 Respondent.	)	

17 Complainant, Linda J. Bergmann, for causes for discipline alleges:

18 1. She is the Executive Director of the Osteopathic Medical Board of  
19 the State of California (hereinafter the "Board"), and makes and files this accusation  
20 solely in her official capacity.  
21

22 **LICENSE HISTORY**

23 2. On July 1, 1987, the Osteopathic Medical Board of California issued  
24 osteopathic physician and surgeon license number 20A5380 to Po-Long Lew, D.O.  
25 (hereinafter "respondent"). At all times relevant herein, the license was in full force and  
26 effect and will expire on November 30, 1999, unless renewed.

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## STATUTES AND REGULATIONS

3. Business and Professions Code section 118(b) (hereinafter the "Code") provides that the suspension, expiration, or forfeiture by operation of law of a certificate does not deprive the Board of authority or jurisdiction to institute or continue with disciplinary action against the certificate or to order suspension or revocation of the certificate, during the period within which the certificate may be renewed, restored, reissued or reinstated.

4. Business and Professions Code section 3600 provides that the law governing licentiates of the Board is found in the Osteopathic Act and the Medical Practice Act.

5. Section 2 of the Osteopathic Act provides, that the Board shall enforce those provisions of the Medical Practice Act identified as Article 12 (commencing with section 2220) of Chapter 5 of Division 2 of the Business and Professions Code as now existing or hereafter amended as to persons who hold certificates subject to the jurisdiction of the Osteopathic Medical Board.

6. Section 2234 of the Code states that the Division of Medical Quality shall take action against any licensee who is charged with unprofessional conduct. In addition to the provisions of this article, unprofessional conduct includes, but is not limited, to the following:

(a) Violating or attempting to violate, directly or indirectly, or assisting in or abetting the violation of, or conspiring to violate, any provision of this chapter.

(b) Gross negligence.

(c) Repeated negligent acts.

(d) Incompetence.

7. Section 125.3 of the Code provides, in part, that the Board may request the administrative law judge to direct any licentiate found to have committed a violation or violations of the licensing act, to pay the Board a sum not to exceed the

1 reasonable costs of the investigation and enforcement of the case.

2           8. Respondent has subjected his license to discipline pursuant to  
3 section 2234, subdivisions (b), (c) and (d) on the grounds of gross negligence, repeated  
4 negligence and incompetence in the following respects:

5                           PATIENT LUKYEE L.

6           A. On March 18, 1995 and on October 5, 1995, patient Lukyee L.  
7 presented herself to the offices of respondent. Her chief complaint on March 18, 1995  
8 was the swelling of both her legs and some heart palpitations. Patient Lukyee L.'s  
9 complaint on the October 5, 1995 visit was pain in left knee and swelling on the right  
10 leg. Respondent performed a physical examination of patient Lukyee L. at each visit.  
11 Respondent's diagnosis of the first exam was that she was suffering from insomnia,  
12 stomach ulcer and anxiety. His diagnosis of the second visit was that she was having  
13 chest pains, and various insufficiencies.

14           B. On March 18, 1995, the following laboratory tests were ordered by  
15 respondent: Oximetry, echocardiogram and carotid. On October 5, 1995 he ordered  
16 pulse oximetry, right lower extremity venous Doppler and right popliteal artery  
17 ultrasound tests.

18           C. On October 5, 1995, respondent prescribed Vasocon 0.1%, three  
19 times daily and Tylenol 500 mg. every four hours.

20           D. Respondent was grossly negligent in his treatment of patient Lukyee  
21 L. in the following respects:

22                   1). On March 18, 1995, he failed to address and treat her chief  
23 complaint and failed to conduct an evaluation of her lower extremities.

24                   2). On March 18, 1995 and on October 5, 1995, he ordered multiple  
25 laboratory tests be done on patient Lukyee L. which were unnecessary and did  
26 not address her complaints.

27                   3). On October 5, 1995, respondent prescribed a drug, Vasocon drops,



1 that is not for the treatment for chest pain or lower knee pain and lower extremity  
2 pain.

3 E. Respondent was negligent in that the medical records of patient  
4 Lukyee L. had different entries and writings for the same dates with multiple alterations.

5  
6 **PATIENT DU YUN S.**

7 F. On November 5, 1995, patient Du Yun S. presented himself to the  
8 offices of respondent for evaluation of an eye surgery. Respondent conducted a  
9 physical examination of patient Du Yun S. and his diagnosis was that patient Du Yun S.  
10 was suffering chest pains and arrhythmia was considered.

11 G. Respondent was grossly negligent in his treatment of patient Du Yun  
12 S. in the following respects:

13 1). He inappropriately diagnosed patient Du Yun S. as having chest  
14 pains and failed to address and treat the chest pains per his diagnosis.

15 2). His inappropriate diagnosis of arrhythmia.

16 3). He ordered that an electrocardiogram test be given to patient Du Yun  
17 S., which was unwarranted for an eye evaluation.

18 H. Respondent was negligent in that the medical records of patient Dun  
19 Yun S. had been grossly altered.

20 **PATIENT NANCY D.**

21 I. On March 4, 1996, patient Nancy D. presented herself to the offices  
22 of respondent. Her chief complaint was sinus problem and lightheadedness.  
23 Respondent conducted a physical examination of patient Nancy D. and ordered a pulse  
24 oximetry test and a pulmonary function test for her.

25 J. Respondent was grossly negligent in his treatment of patient Nancy  
26 D. in the following respects:

27 1). On March 4, 1996, he failed to address and treat Patient Nancy D.'s

1 chief complaint of sinus problem and lightheadedness.

2 2). On March 4, 1996, he ordered multiple laboratory tests which were  
3 inappropriate and unwarranted.

4 K. Respondent was negligent in the following respects:

5 1). The physical examination of patient Nancy D. was incomplete in that  
6 it ignored completely an ENT system examination, yet his diagnosis was  
7 sinusitis.

8 2). Poor record keeping of patient Nancy D. with multiple alterations.

9 **PATIENT HIEN C.**

10 L. On February 6, 1995, March 16, 1995 and on May 1, 1996, patient  
11 Hien C. presented herself to the offices of respondent. The purposes of her February  
12 6, 1995 visit was for medication refills and to recheck her diabetes mellitus and asthma.  
13 Patient Hien C.'s complaint on the May 1, 1996 visit was for headaches she was  
14 experiencing. Respondent conducted a physical examination of patient Hien C. on her  
15 first and second visit. Her diabetes mellitus and asthma were diagnosed each time.

16 M. On February 6, 1995, the following laboratory tests were ordered by  
17 respondent: Pulse oximetry, echocardiogram, and pulmonary function tests. On May 1,  
18 1996, he ordered a noninvasive carotid artery Doppler scan and Doppler  
19 echocardiogram test for patient Hien C.

20 N. On February 6, 1995, respondent prescribed B-12 and Benadryl for  
21 her diabetes mellitus and asthma.

22 O. Respondent was grossly negligent in his treatment of patient Hien C.  
23 in the following respects:

24 1). On February 6, 1995, the treatment rendered to her of B-12,  
25 Benadryl and hot packs were inappropriate for diagnosis of asthma or diabetes  
26 mellitus.

27 2). The physical examination performed on her on March 16, 1995

1 revealed that her blood sugar of 268 was rather high. Respondent failed to  
2 address this assessment.

3 3). Diagnostic test ordered for headaches were excessive.

4 P. Respondent was negligent in that the medical records of patient Hien  
5 C. had multiple alterations with deletions and additions.

6 **PATIENT VALARIE C.**

7 Q. On April 22, 1995, patient Valarie C. presented herself to the offices  
8 of respondent for a cut on her left foot. She had four follow up visits, May 9, 1995, May  
9 19, 1995, June 10, 1995 and on August 5, 1995. Two of the three visits were for  
10 medication refills. At each visit, respondent performed a physical examination. His  
11 diagnoses indicated a foot laceration, foot sprain and diabetes mellitus.

12 R. Respondent ordered multiple tests be taken for three of the five visits.  
13 On April 22, 1995, pulse oximetry and bilateral popliteal artery Doppler tests were  
14 taken. On May 6, 1995, a pulse oximetry was taken. On August 5, 1995, he ordered a  
15 pulse oximetry, cardiac echo and a renal ultrasound be taken.

16 S. Respondent was grossly negligent in his treatment of patient Valarie  
17 C. in the following respects:

18 1). He failed to address her chief complaint of a laceration to her left  
19 foot.

20 2). The tests ordered by him were excessive and not warranted for a  
21 laceration or medication refills.

22 3). The physical exams taken on May 19, 1995 and June 10, 1995,  
23 showed that patient Valarie C.'s blood sugar count was 190 and 270,  
24 respectively. Respondent failed to address these issues.

25 T. Respondent was negligent in that the medical records of patient  
26 Valarie C. contained multiple alterations.

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1 complaint on January 17, 1996, was a hairline fracture of the right arm. Respondent  
2 examined her and prescribed Amoxicillin 500 mg t.i.d. The January 23, 1996 visit was  
3 a follow up. Her February 5, 1996 visit was to review the test results and recheck her  
4 right arm. Patient Diane A.'s chief complaint on May 9, 1996 was to check a rash and  
5 for medication refills. Respondent performed a physical examination on patient Diane  
6 on January 15, 1996, February 5, 1996 and May 9, 1996. Respondent's diagnosis of  
7 the first visit was a fractured left clavicle; the second diagnosis was a right Colles'  
8 fracture; the diagnosis of the May 9, 1996 visit was that she was suffering from a left leg  
9 pain.

10 Z. Respondent ordered multiple tests be taken for four of the five visits.  
11 On January 15, 1996, an EKG, echocardiogram and Doppler carotid artery assessment  
12 tests were taken. On January 23, 1996, he ordered pulse oximetry and an ultrasound  
13 brachial artery and vein tests. On February 5, 1996, he ordered a pulse oximetry and  
14 pulmonary function tests.

15 AA. Respondent was grossly negligent in his treatment of patient Diane  
16 A. in the following respects:

- 17 1). His records do not reflect that he addressed her chief complaint of  
18 February 5, 1996. He did not check her right arm.
- 19 2). On May 9, 1996, he failed to treat or evaluate the rash.
- 20 3). The tests ordered by him were excessive and none of the tests  
21 ordered were warranted for patient Diane A.'s complaints.

22 BB. Respondent was incompetent in his treatment of patient Diane A. in  
23 that the medication he prescribed for her on January 17, 1996, Amoxicillin 500 mg. t.i.d.  
24 is the not usual treatment for a hairline fracture.

25 CC. Respondent was negligent in that the medical records of patient  
26 Diane A. contained multiple alterations with additions and deletions.

27 ///

PATIENT SOUK HOUR C.

DD. On October 16, 1995, patient Souk Hour C. presented herself to the offices of respondent. Her chief complaint was a lower back pain and constipation. Respondent performed a physical examination on her and his diagnosis was that she suffered from a gastric ulcer and prescribed Motrin 400 mg t.i.d. Patient Souk Hour S. had two additional visits. Her chief complaint on November 6, 1995 was dysphagia and dysuria. On February 12, 1996, her chief complaint was chest pains at night with headaches. On this third visit, respondent performed a physical examination. Anxiety and thyromegaly was written down on her medical chart.

EE. On October 16, 1995, he ordered a chest X-ray and a cardiac echo test for patient Souk Hour S. On her November 6, 1995 visit he ordered a CAT scan of the chest and a pulse oximetry test. On the February 12, 1996 visit, he ordered a pulse oximetry, carotid Doppler studies and pulmonary function tests be done.

FF. Respondent was grossly negligent and incompetent in his treatment of Souk Hour S. in the following respects:

- 1). He did not address the findings of the echo test.
- 2). He failed to address her chief complaint of dysuria and the work up of dysphagia was incompetent.
- 3). The medication he prescribed for her on October 16, 1995, Motrin 400 mg. t.i.d., was contraindicated for the diagnosis of peptic ulcer disease.
- 4). His diagnosis of February 12, 1996 of anxiety and thyromegaly was incompetent in view of the fact that her chief complaint was for headaches and chest pains.
- 5). His diagnosis of anxiety and thyromegaly was not addressed or treated.
- 6). The tests ordered by him were excessive. The multiple lab tests ordered were not warranted for patient Souk Hour S.'s chief complaints or for the

1 diagnoses he charted.

2 7). He failed to perform a physical examination of patient Souk Hour S.  
3 on February 12, 1996.

4 GG. Respondent was negligent in that patient Souk Hour S.'s medical  
5 records contained multiple alterations.


6  
7 WHEREFORE, Complainant prays that a hearing be held and that  
8 following said hearing that the Osteopathic Medical Board of California makes its order:

9 1. Revoking or suspending Osteopathic physician and surgeon license  
10 number 20A5380 issued to Po-Long Lew, D.O.

11 2. Issue an order compelling the respondent to reimburse the Board for  
12 the reasonable costs and its investigation, enforcement and prosecution of this matter,  
13 up to the day of hearing.

14 3. Taking such other and further action as the Board deems proper.

15 DATED: October 6, 1999

16  
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18   
19 LINDA J. BERGMANN  
20 Executive Officer  
21 Osteopathic Medical Board  
22 of California

23  
24  
25  
26  
27 Complainant

BILL LOCKYER, Attorney General  
Of the State of California  
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Attorneys for Complainant

**BEFORE THE  
OSTEOPATHIC MEDICAL  
BOARD OF CALIFORNIA**

In the Matter of the Accusation Against:

No. 99-14

PO-LONG LEW, D.O.  
9308 East Valley Boulevard  
Rosemead, California 91170

FIRST SUPPLEMENTAL  
ACCUSATION

Osteopathic physician and  
Surgeon License No. 20A5380

Respondent.

Complainant, Linda J. Bergmann, for causes for discipline alleges:

9. Complainant is the Executive Director of the Osteopathic Medical Board of the State of California (hereinafter the "Board"), and makes and files this First Supplemental Accusation solely in her official capacity and supplements the Accusation filed on October 6, 1999.

10. Paragraphs two (2) through eight (8) are incorporated herein as though fully set forth.

**STATUTES AND REGULATIONS**

11. Business and Professions Code section 810 ("Code") states:

(a) It shall constitute unprofessional conduct and grounds for



1 disciplinary action, including suspension or revocation of a license or certificate, for a  
2 health care professional to do any of the following in connection with his or her  
3 professional activities:

4 (1) Knowingly present or cause to be presented any false or  
5 fraudulent claim for the payment of a loss under a contract of insurance.

6 (2) Knowingly prepare, make, or subscribe any writing, with intent  
7 to present or use the same, or to allow it to be presented or used in support of any false  
8 or fraudulent claim.

9 (b) It shall constitute cause of revocation or suspension of a license or  
10 certificate for a health care professional to engage in any conduct prohibited under  
11 Section 1871.4 of the Insurance Code or Section 550 of the Penal Code.

12 (c) As used in this section, health care professional means any person  
13 licensed or certified pursuant to this division, or licensed pursuant to the Osteopathic  
14 Initiative Act, or the Chiropractic Initiative Act.

15 12. Business and Professions Code section 2261 states that knowingly  
16 making or signing any certificate or other document directly or indirectly related to the  
17 practice of medicine or podiatry which falsely represents the existence or nonexistence  
18 of a state of facts, constitutes unprofessional conduct.

19 13. Business and Professions Code section 2262 states that altering or  
20 modifying the medical record of any person, with fraudulent intent, or creating any false  
21 medical record, with fraudulent intent, constitutes unprofessional conduct.

22 14. Respondent has subjected his license to discipline pursuant to  
23 section 2262 of the Code on the grounds of unprofessional conduct as defined in  
24 section 810(a)(1) for violating section 1871.4(a)(1) of the California Insurance Code.

25 A. From between May 20, 1994 through September 27, 1997,  
26 Respondents treated patients who had been in minor automobile accidents.  
27 Respondent billed insurance company using codes that were not appropriate and

represented up-coding. Respondent's charges for initial billing and follow-up examinations were uniformly excessive in the following respects:

1). **PATIENT LY T. D.**

On March 6, 1996, patient Ly T. D. presented himself to the offices of Respondent. Mr. D. had been in an automobile accident on March 4, 1996. His chief complaints as a result of the accident were neck pain, upper shoulder pain, lower back pain, left knee pain and headaches and insomnia. For the initial visit on March 6, 1996, Respondent billed the insurance company with CPT office code 99205. This code requires a high severity problem where the risk of morbidity without treatment is high to extreme. Respondent treated patient Ly T.D. from March 7, 1996 to June 28, 1996 and billed the insurance company under CPT office code 99212. This code indicates a low severity problem where the risk of morbidity without treatment is low. Patient Ly T. D. was re-examined by Respondent on March 30, 1996, April 29, 1996, May 20, 1996 and June 28, 1996, all under CPT office visit code 99213. Code 99213 indicates a moderately severe problem. These office visits were also billed under code 99212. Patient Ly T was re-examined by Respondent on July 2, 1993. In the medical report dated July 9, 1996, he states that on July 2, 1996, the patient's headaches and insomnia as well as neck, upper shoulders, lower back and left knee pain was resolved. Yet, the billing for the final examination on July 2, 1996 indicated a CPT code of 99215. Code 99215 requires a moderate/high to extreme risk of morbidity or mortality without treatment. Respondent billed the insurance company a total of \$4,245.00 for 28 visits.

2). **PATIENT BUWON T.**

Ms. T had been in an automobile accident on January 8, 1997. On January 11, 1997, patient Buwon T. presented herself to the offices of Respondent. Her chief complaints as a result of the accident were neck pain, shoulder pain, chest pain with pain upon deep breathing, and lower back pain. For the initial visit on January 11, 1997, Respondent billed the insurance company with CPT office code

1 99205. Code 99205 requires a high severity problem where the risk of morbidity  
2 without treatment is high to extreme. Patient Tran B. was treated by Respondent from  
3 January 11, 1997 until March 10, 1997, for a total of 16 visits. Subsequent office visits  
4 on January 13, 1997 and February 17, 1997, were billed to the insurance company  
5 under code 99213. Code 99213 indicates a moderately severe problem. For the final  
6 office and date of discharge visit of March 10, 1997, the insurance company was billed  
7 under CPT office visit code 99215. Code 99215 requires a moderate/high to extreme  
8 risk of morbidity or mortality without treatment. In his medical report dated March 19,  
9 1997, Respondent states that the patient was re-examined on March 10, 1997, and at  
10 that time all the patient's chest pain upon deep breathing as well as neck, shoulders,  
11 chest and lower back pain was resolved. The total amount billed to the insurance  
12 company for 16 visits was \$3,175.00.

13 3). PATIENT DANIEL W.

14 On January 23, 1995, patient Daniel W. presented himself to the  
15 offices of Respondent for treatment. Mr. W. had been in an automobile accident on  
16 January 20, 1995. His chief complaints as a result of the accident were neck pain,  
17 upper shoulder pain, right wrist pain, lower back pain, headaches, dizziness and blurred  
18 vision. For the initial visit on January 23, 1995, Respondent billed the insurance  
19 company with a CPT office code 99205. Code 99205 requires a high severity problem  
20 where the risk of morbidity without treatment is high to extreme. Patient Daniel W. was  
21 treated by the Respondent 39 more times. From January 25, 1995 to July 1, 1995,  
22 Respondent treated patient Daniel W. and billed the insurance company under CPT  
23 office code 99212. Code 99212 indicates a low severity problem where the risk of  
24 morbidity without treatment is low. Office visits for February 15, 1995, March 17, 1995,  
25 April 26, 1995, May 25, 1995 and July 1, 1995, were billed as "re-examination", under  
26 CPT office code 99213. Code 99213 indicates a moderately severe problem. These  
27 same dates were also billed under Code 99212. The final office and date of discharge

1 visit on August 8, 1995, the insurance company was billed under CPT office visit code  
2 99215. Code 99215 requires a moderate/high to extreme risk of morbidity or mortality  
3 without treatment. In his medical report dated August 16, 1995, Respondent states that  
4 on August 8, 1995, the patient was re-examined and at that time, the patient's  
5 headaches, dizziness and blurred vision as well as all neck, upper shoulders, right wrist  
6 and lower back pain was resolved. The total amount billed to the insurance company  
7 for 40 visits was \$4,865.00.

8 4). PATIENT ALEX W. C.

9 On May 11, 1995, patient Alex W. C. Presented himself to the  
10 offices of Respondent. Mr. D. had been in an automobile accident on May 11, 1995.  
11 His chief complaints as a result of the accident were neck pain, upper shoulder pain,  
12 right elbow, right chest pain and left knee pain. For the initial visit on May 11, 1995,  
13 Respondent billed the insurance company with CPT office code 99205. Code 99205  
14 requires a high severity problem where the risk of morbidity without treatment is high to  
15 extreme. Patient Alex W. C. was treated by the Respondent 33 more times, from May  
16 13, 1995 to September 5, 1995 and billed the insurance company under CPT office  
17 code 99212. This code indicates a low severity problem where the risk of morbidity  
18 without treatment is low. Patient Alex W. C. was re-examined by Respondent on June  
19 10, 1995, July 8, 1995, August 10, 1995 and September 12, 1995, all under CPT office  
20 visit code 99213. Code 99213 indicates a moderately severe problem. The office visits  
21 for July 8, 1995 and August 10, 1995 were also billed under code 99212. Patient Alex  
22 W. C. was re-examined and discharged by Respondent on September 20, 1995 and  
23 billed the insurance company under code 99215. In the medical report dated  
24 September 27, 1995, Respondent states that on September 20, 1995, all the patient's  
25 neck, upper shoulders, right elbow, right side chest and left knee pain resolved. Yet,  
26 the billing for the final examination on September 20, 1995 indicated a CPT code of  
27 99215. Code 99215 requires a moderate/high to extreme risk of morbidity or mortality

1 without treatment. The total amount billed to the insurance company was \$4,425.00.

2 5). PATIENT TOAN VAN L.

3 Mr. Toan Van L. had been in an automobile accident on May 3,  
4 1994. On May 20, 1994, patient Toan Van L. presented himself to the offices of  
5 Respondent for treatment. His chief complaints as a result of the accident were  
6 headaches, neck pain, upper back pain, chest pain, nervousness and lightheadedness.  
7 For the initial visit on May 20, 1994, Respondent billed the insurance company with  
8 CPT office code 90020. This code requires a high severity problem where the risk of  
9 morbidity without treatment is high to extreme. Patient Toan Van L. was treated by the  
10 Respondent 27 more times, from May 23, 1994 to August 30, 1994. Respondent billed  
11 the insurance company under CPT office code 90070. Patient Toan Van L. was re-  
12 examined by Respondent on June 18, 1994, July 16, 1994 and August 15, 1994, all  
13 under CPT office visit code 90060. These office visits were also billed under code  
14 90070. On September 10, 1994, patient Ly T was re-examined and discharged. In the  
15 medical report dated October 26, 1994, Respondent states that on September 10,  
16 1994, the patient's neck, upper shoulders and chest pains was resolved. Yet, the  
17 billing for the final examination on September 10, 1994 was under CPT code 90080.  
18 Code 90080 indicates a presenting problem as a problem where the risk of morbidity  
19 without treatment is high to extreme. The total amount billed to the insurance company  
20 was \$3,490.00.

21 6). PATIENT HEIN L. Q.

22 Mr. Hein L. Q. had been in an automobile accident on May 30,  
23 1997 and on June 14, 1997, presented himself to the offices of Respondent for  
24 treatment. His chief complaints as a result of the accident were neck pain, upper  
25 shoulder pain, lower back pain and headaches. For the initial visit on June 14, 1997,  
26 Respondent billed the insurance company under CPT office code 99205. This code  
27 requires a high severity problem where the risk of morbidity without treatment is high to

1 extreme and moderate to high risk of mortality without treatment. Patient Hein L. Q.  
2 was subsequently treated by the Respondent three more times, on June 28, 1997, July  
3 30, 1997 and August 29, 1997. Respondent billed the insurance company for these  
4 treatments under CPT office code 99213. Code 99213 indicates the problem where  
5 the risk of morbidity without treatment was moderate and a moderate risk of mortality  
6 without treatment. On September 19, 1997, patient Hein L. Q. was re-examined and  
7 discharged. In the medical report dated October 26, 1994, Respondent states that on  
8 September 19, 1997, the patient's headaches, neck, upper shoulders and lower back  
9 pain were resolved. The billing for the final examination on September 19, 1997 was  
10 under CPT code 99215. Code 99215 indicates a presenting problem as a problem  
11 where the risk of morbidity without treatment is high to extreme and there is a moderate  
12 to high risk of mortality without treatment or high probability of severe, prolonged  
13 functional impairment. The total amount billed to the insurance company was  
14 \$3,180.00.

15 7). PATIENT TURAN D.

16 Mr. D. had been in an automobile accident on May 27, 1996. On  
17 May 30, 1996, patient Turan D. presented himself to the offices of Respondent. His  
18 chief complaints as a result of the accident were neck pain, upper shoulder pain, chest  
19 pain and pain with breathing, left wrist pain, left hand pain and headaches. For the  
20 initial visit on May 30, 1996, Respondent billed the insurance company under a CPT  
21 office code 99205. Code 99205 requires a high severity problem where the risk of  
22 morbidity without treatment is high to extreme. Patient Turan D. was treated by  
23 Respondent from May 30, 1996 through August 28, 1996, for a total of 13 visits.  
24 Patient Turan D. was reexamined on June 17, 1996 and July 1, 1996 for which  
25 Respondent billed the insurance company under a CPT office visit code 99213. Code  
26 99213 indicates a moderately severe problem where the risk of morbidity without  
27 treatment is moderate with a moderate risk of mortality without treatment. On August

1 28, 1996, patient Toran D. was re-examined and discharged. In the medical report  
2 dated November 15, 1996, Respondent states that on August 28, 1996, the patient's  
3 headaches, neck, upper shoulders, chest, left wrist and left hand pain were resolved.  
4 The billing for the final examination on August 28, 1996 was under CPT code 99215.  
5 Code 99215 indicates a problem where the risk of morbidity without treatment is high to  
6 extreme and there is a moderate to high risk of mortality without treatment or high  
7 probability of severe, prolonged functional impairment. The total amount billed to the  
8 insurance company was \$2,535.00.

9 8). PATIENT TU V.

10 Ms. Tu V. was in an automobile accident on April 14, 1996 and on  
11 April 15, 1996 presented herself to the offices of Respondent for treatment. Her chief  
12 complaints as a result of the accident were neck pain, upper shoulder pain and lower  
13 back pain. For the initial visit on April 15, 1996, Respondent billed the insurance  
14 company under CPT office code 99205. This code requires a high severity problem  
15 where the risk of morbidity without treatment is high to extreme and moderate to high  
16 risk of mortality without treatment. Patient Tu V. was further treated by the  
17 Respondent 12 more times from April 17, 1996 to June 1, 1996. For these treatments,  
18 Respondent billed the insurance company under CPT office code 99212. Code 99212  
19 indicates the problem that runs a definite and prescribed course, is transient in nature  
20 and is not likely to permanently alter health status. Patient Tu V. was re-examined by  
21 Respondent on April 29, 1996 and May 24, 1996. Respondent billed the insurance  
22 company under Code 99213. Code 99213 indicates a moderately severe problem  
23 where the risk of morbidity without treatment is moderate and there is a moderate risk  
24 or mortality without treatment. These two dates were also billed under Code 99212.  
25 Patient Tu V. was re-examined and discharged on June 18, 1996. In the medical report  
26 dated August 27, 1996, Respondent states that on June 18, 1996, the patient's neck,  
27 upper shoulders and lower back pain were resolved. The billing for the final

1 examination was under CPT code 99215. Code 99215 indicates a problem where the  
2 risk of morbidity without treatment is high to extreme and there is a moderate to high  
3 risk of mortality without treatment or high probability of severe, prolonged functional  
4 impairment. The total amount billed to the insurance company was \$2,355.00.

5 9). PATIENT KEVIN L.

6 Mr. Kevin L. was in an automobile accident on April 14, 1996 and  
7 on April 15, 1996 presented himself to the offices of Respondent for treatment. His  
8 chief complaints as a result of the accident were neck pain, upper shoulder pain and  
9 lower back pain. For the initial visit on April 15, 1996, Respondent billed the insurance  
10 company under CPT office code 99205. This code requires a high severity problem  
11 where the risk of morbidity without treatment is high to extreme and moderate to high  
12 risk of mortality without treatment. Patient Kevin L. was further treated by the  
13 Respondent 14 more times from April 17, 1996 to June 15, 1996. For these  
14 treatments, Respondent billed the insurance company under CPT office code 99212.  
15 Code 99212 indicates the problem that runs a definite and prescribed course, is  
16 transient in nature and is not likely to permanently alter health status. Patient Kevin L.  
17 was re-examined by Respondent on April 29, 1996 and May 30, 1996. Respondent  
18 billed the insurance company under Code 99213. Code 99213 indicates a moderately  
19 severe problem where the risk of morbidity without treatment is moderate and there is a  
20 moderate risk or mortality without treatment. These two dates were also billed under  
21 Code 99212. Patient Kevin L. was re-examined and discharged on June 22, 1996. In  
22 the medical report dated August 27, 1996, Respondent states that on June 22, 1996,  
23 the patient's neck, upper shoulders and lower back pain were resolved. The billing for  
24 the final examination was under CPT code 99215. Code 99215 indicates a problem  
25 where the risk of morbidity without treatment is high to extreme and there is a moderate  
26 to high risk of mortality without treatment or high probability of severe, prolonged  
27 functional impairment. The total amount billed to the insurance company was



1 \$2,595.00.

2 10). **PATIENT APRIL V.**

3 Patient April V, a one-year old child, was in an automobile accident  
4 on April 14, 1996 and on April 15, 1996 was presented by her parents to the offices of  
5 Respondent for treatment. Patient April V. was examined by Respondent and his  
6 diagnoses was that she suffered from agitation, a decreased appetite and sleeping  
7 decrease. For the initial visit on April 15, 1996, Respondent billed the insurance  
8 company under CPT office code 99205. This code requires a high severity problem  
9 where the risk of morbidity without treatment is high to extreme and moderate to high  
10 risk of mortality without treatment. Patient April V. was re-examined by the  
11 Respondent on April 19, 1996 and the visit was billed under CPT office visit code  
12 99213. Code 99213 indicates a moderately severe problem where the risk of morbidity  
13 without treatment is moderate and there is a moderate risk or mortality without  
14 treatment. Patient April V. was re-examined and discharged on May 4, 1996. In the  
15 medical report dated August 27, 1996, Respondent states that on May 4, 1996, the  
16 patient's neck, upper shoulders and lower back pain were resolved. The billing for the  
17 final examination was under CPT code 99215. Code 99215 indicates a problem where  
18 the risk of morbidity without treatment is high to extreme and there is a moderate to  
19 high risk of mortality without treatment or high probability of severe, prolonged  
20 functional impairment. The total amount billed to the insurance company was \$410.00.

21 11). **PATIENT REBECCA K.**

22 Ms. Rebecca K. was in an automobile accident on August 28, 1996  
23 and on August 30, 1996 presented herself to the offices of Respondent for treatment.  
24 Her chief complaints as a result of the accident were neck pain, right greater than left;  
25 upper shoulder pain, lower back pain and nervousness. For the initial visit on August  
26 30, 1996, Respondent billed the insurance company under CPT office code 99205.  
27 This code requires a high severity problem where the risk of morbidity without treatment

1 is high to extreme and moderate to high risk of mortality without treatment. Patient  
2 Rebecca K. was further treated by the Respondent 10 more times from September 5,  
3 1996 to November 23, 1996. For office visits on September 9, 1996 and November  
4 18, 1996, Respondent billed the insurance company under CPT office code 99213.  
5 Code 99213 indicates a moderately severe problem where the risk of morbidity without  
6 treatment is moderate and there is a moderate risk or mortality without treatment.  
7 Patient Rebecca K. was re-examined and discharged on November 23, 1996. In the  
8 medical report dated December 23, 1996, Respondent states that on November 23,  
9 1996, the patient's nervousness, as well as neck, upper shoulders and lower back pain  
10 were resolved. The billing for the final examination was under CPT code 99215. Code  
11 99215 indicates a problem where the risk of morbidity without treatment is high to  
12 extreme and there is a moderate to high risk of mortality without treatment or high  
13 probability of severe, prolonged functional impairment. The total amount billed to the  
14 insurance company was \$1,835.00.

15 12). **PATIENT MATTHEW S.**

16 Mr. Matthew S., a 2 ½ year old child, was in an automobile  
17 accident on August 28, 1996 and on August 30, 1996 was presented by his mother to  
18 the offices of Respondent for treatment. His chief complaints as a result of the accident  
19 were head pain, nervousness, insomnia, loss of appetite, anxiety and agitation. For  
20 the initial visit on August 30, 1996, Respondent billed the insurance company under  
21 CPT office code 99205. This code requires a high severity problem where the risk of  
22 morbidity without treatment is high to extreme and moderate to high risk of mortality  
23 without treatment. On September 5, 1996, Patient Matthew S. was treated by the  
24 Respondent and the insurance company was billed under CPT office code 99213.  
25 Code 99213 indicates a moderately severe problem where the risk of morbidity without  
26 treatment is moderate and there is a moderate risk or mortality without treatment. On  
27 September 26, 1996, Patient Matthew S. was re-examined by Respondent and

1 discharge. In the medical report dated December 23, 1996, Respondent states that on  
2 September 26, 1996, all patient's nervousness, insomnia, loss of appetite, anxiety and  
3 agitation as well as head pain was resolved. The billing for the final examination was  
4 under CPT code 99215. Code 99215 indicates a problem where the risk of morbidity  
5 without treatment is high to extreme and there is a moderate to high risk of mortality  
6 without treatment or high probability of severe, prolonged functional impairment. The  
7 total amount billed to the insurance company was \$550.00.

8 13). **PATIENT SURENDA S.**

9 Mr. Surenda S.. was in an automobile accident on April 19, 1996  
10 and on April 22, 1996 presented himself to the offices of Respondent for treatment. His  
11 chief complaints as a result of the accident were neck pain, right greater than left; upper  
12 shoulder pain, right wrist pain and lower back pain, left greater than right. For the initial  
13 visit on April 22, 1996, Respondent billed the insurance company under CPT office  
14 code 99205. This code requires a high severity problem where the risk of morbidity  
15 without treatment is high to extreme and moderate to high risk of mortality without  
16 treatment. Patient Surenda S. was further treated by the Respondent 4 (four) more  
17 times from May 14, 1996 to August 7, 1996. For these treatments, Respondent billed  
18 the insurance company under CPT office code 99213 Code 99213 indicates a  
19 moderately severe problem where the risk of morbidity without treatment is moderate  
20 and there is a moderate risk or mortality without treatment. Patient Surenda S. was re-  
21 examined and discharged on October 9, 1996. In the medical report dated November  
22 4, 1996, Respondent states that on October 9, 1996, the patient's neck, upper  
23 shoulders, right wrist and lower back pain were resolved. The billing for the final  
24 examination was under CPT code 99215. Code 99215 indicates a problem where the  
25 risk of morbidity without treatment is high to extreme and there is a moderate to high  
26 risk of mortality without treatment or high probability of severe, prolonged functional  
27 impairment. The total amount billed to the insurance company was \$5,195.00.

15. Respondent has further subjected his license to discipline pursuant to section 2261 of the Code on the grounds of unprofessional conduct as defined in sections 810(a)(2) and 810(b) of the Code for violating section 1871.4(a)(2) of the California Insurance Code in that from on or about May 20, 1994 through September 19, 1997, Respondent prepared or caused to prepare and submit claims to insurance companies for medical services rendered to a person or persons for alleged injuries sustained as a result of automobile accidents, as follows:

<u>PATIENT</u>	<u>DATE</u>	<u>CODE</u>	<u>BILLED</u>
Ly T. D.	3/6/96	99205	\$250.00
	37/96, 3/9/96,	99212	\$700.00
	3/11/96, 3/12/96		
	3/15/96, 3/18/96,		
	3/20/96, 3/25/96,		
	3/27/96, 3/30/96		
	4/4/96, 4/5/96,	99212	\$490.00
	4/8/96, 4/15/96,		
	4/18/96, 4/22/96,		
	4/29/96		
	5/1/96, 5/6/96.	99212	\$350.00
	5/9/96, 5/20/96,		
	6/28/96		
	3/30/96, 4/29/96,	99213	\$300.00
	5/20/96, 6/28/96		
Buwon T.	7/2/96	99215	\$200.00
	1/11/97	99205	\$250.00
	1/13/97, 2/17/97	99213	\$150.00
	3/10/97	99215	\$200.00
Daniel W.	1/23/95	99205	\$250.00
	1/25/95, 1/27/95,	99212	\$900.00
	1/30/95, 2/2/95,		
	2/6/95, 2/7/95,		
	2/10/95, 2/15/95,		
	2/15/95, 2/18/95,		
	2/20/95, 2/24/95,		
	2/28/95		

1		3/1/95, 3/2/95,	99212	\$810.00
2		3/7/95, 3/10/95,		
3		3/14/95, 3/17/95,		
4		3/22/95, 3/27/95,		
5		3/30/95		
6		4/4/95, 4/10/95,	99212	\$360.00
7		4/20/95, 4/26/95		
8		5/5/95, 5/13/95,	99212	\$630.00
9		5/17/95, 5/25/95,		
10		6/8/95, 6/29/95,		
11		7/1/95		
12		2/15/95, 3/17/95,	99213	\$375.00
13		4/26/95, 5/25/95,		
14		7/1/95		
15		8/8/95	99215	\$200.00
16	Alex W.C.	5/11/95	99205	\$250.00
17		5/13/95, 5/15/95,	99212	\$720.00
18		5/18/95, 5/20/95,		
19		5/22/95, 5/23/95,		
20		5/25/95, 5/30/95		
21		6/1/95, 6/3/95,	99212	\$990.00
22		6/5/95, 6/8/95,		
23		6/10/95, 6/13/95,		
24		6/16/95, 6/19/95,		
25		6/21/95, 6/23/95,		
26		6/26/95		
27		7/1/95, 7/3/95,	99212	\$720.00
28		7/6/95, 7/8/95,		
29		7/10/95, 7/14/95,		
30		7/20/95, 7/29/95		
31		8/5/95, 8/10/95,	99212	\$540.00
32		8/14/95, 8/21/95,		
33		8/29/95, 9/5/95		
34		6/10/95, 7/8/95,	99213	\$300.00
35		8/20/95, 9/12/95		
36		9/20/95	99215	\$200.00
37	Toan Van L.	5/20/94	90020	\$250.00
38		5/23/94, 5/26/94,	90070	\$270.00
39		5/31/94		
40		6/2/94, 6/4/94,	90070	\$810.00
41		6/7/94, 6/10/94,		
42		6/13/94, 6/15/94,		
43		6/18/94, 6/22/94,		
44		6/27/94		

1		7/1/94, 7/6/94,	90070	\$720.00
2		7/8/94, 7/12/94,		
3		7/16/94, 7/20/94,		
4		7/25/94, 7/29/94		
5		8/1/94, 8/8/94,	90070	\$540.00
6		8/11/94, 8/15/94,		
7		8/20/94, 8/30/94		
8	Hein L.Q.	6/18/94, 7/16/94,	90060	\$225.00
9		8/15/94		
10		9/10/94	90080	\$200.00
11		6/14/97	99205	\$250.00
12		6/28/97, 7/30/97,	99213	\$225.00
13		8/29/97		
14		9/19/97	99215	\$200.00
15	Turan V.D.	5/30/96	99205	\$250.00
16		6/17/96, 7/1/96	99213	\$150.00
17		8/28/96	99215	\$200.00
18	Tu V.	4/15/96	99205	\$250.00
19		4/17/96, 4/19/96,	99212	\$625.00
20		4/24/96, 4/27/96,		
21		4/29/96		
22		5/4/96, 5/7/96,	99212	\$735.00
23		5/11/96, 5/18/96,		
24		5/20/96, 5/24/96,		
25		6/1/96		
26		4/29/96, 5/24/96	99213	\$150.00
27		6/18/96	99215	\$200.00
28	Kevin L.	4/15/96	99205	\$250.00
29		4/17/96, 4/19/96,	99212	\$625.00
30		4/24/96, 4/27/96,		
31		4/29/96		
32		5/4/96, 5/8/96,	99212	\$630.00
33		5/14/96, 5/20/96,		
34		5/24/96, 5/30/96		
35		6/1/96, 6/8/96,	99212	\$315.00
36		6/15/96		
37		4/29/96, 5/30/96	99213	\$150.00
38		6/22/96	99215	\$200.00

1	April V.	4/15/96	99205	\$200.00
2		4/19/96	99213	\$60.00
3		5/4/96	99215	\$150.00
4	Rebecca K.	8/30/96	99205	\$250.00
5		9/9/96, 11/18/96	99213	\$150.00
6		11/23/96	99215	\$200.00
7	Matthew S.	8/30/96	99205	\$200.00
8		9/5/96	99213	\$60.00
9		9/26/96	99215	\$150.00
10	Surenda S.	4/22/96	99205	\$250.00
11		5/14/96, 6/12/96, 7/17/96, 8/7/96	99213	\$300.00
12		10/9/96	99215	\$200.00

13 WHEREFORE, Complainant prays that a hearing be held and that  
14 following said hearing that the Osteopathic Medical Board of California makes its order:

15 1. Revoking or suspending Osteopathic physician and surgeon license  
16 number 20A5380 issued to Po-Long Lew, D.O.

17 2 Issue an order compelling the respondent to reimburse the Board for  
18 the reasonable costs and its investigation, enforcement and prosecution of this matter,  
19 up to the day of hearing.

20 3. Taking such other and further action as the Board deems proper.

21 DATED: March 21, 2001

22  
23   
24 LINDA J. BERGMANN  
25 Executive Officer  
26 Osteopathic Medical Board  
27 of California

Complainant